



## UNITED STATES PATENT AND TRADEMARK OFFICE

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UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
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Bib Data Sheet

CONFIRMATION NO. 8375

<b>SERIAL NUMBER</b> 09/751,581	<b>FILING DATE</b> 12/29/2000 <b>RULE</b>	<b>CLASS</b> 370	<b>GROUP ART UNIT</b> 2661	<b>ATTORNEY DOCKET NO.</b> NC30313	
<b>APPLICANTS</b> Brana Kukic, Santa Rosa, CA;					
<b>** CONTINUING DATA *****</b>					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 02/06/2001</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 1	<b>TOTAL CLAIMS</b> 12	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> 26349					
<b>TITLE</b> Method and system for establishing link bit rate for inverse multiplexed data streams					
<b>FILING FEE RECEIVED</b> 840	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		



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<b>SERIAL NUMBER</b> 09/751,581	<b>FILING DATE</b> 12/29/2000 <b>RULE</b>	<b>CLASS</b> 370	<b>GROUP ART UNIT</b> 2663	<b>ATTORNEY DOCKET NO.</b> NC30313
<b>APPLICANTS</b> Brana Kukic, Santa Rosa, CA; ** CONTINUING DATA <i>None</i> ***** ** FOREIGN APPLICATIONS <i>None</i> ***** <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** 02/06/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and <i>Allowance</i> Acknowledged <i>Best office</i> <i>BTM</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 1	<b>TOTAL CLAIMS</b> 12
			<b>INDEPENDENT CLAIMS</b> 2	
<b>ADDRESS</b> 23552				
<b>TITLE</b> Method and system for establishing link bit rate for inverse multiplexed data streams				
<b>FILING FEE RECEIVED</b> 840	<b>FEES:</b> Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees	
			<input type="checkbox"/> 1.16 Fees ( Filing )	
			<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )	
			<input type="checkbox"/> 1.18 Fees ( Issue )	
			<input type="checkbox"/> Other _____	
			<input type="checkbox"/> Credit	